



## Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact [support@jstor.org](mailto:support@jstor.org).

To be quite frank with you, my own knowledge of homœopathic materia medica is limited, so that the problem of deciding, not only what to teach the nurses, but how best to teach them, is a very difficult one for me to solve. If someone who had solved this problem will kindly send me suggestions as to how to teach homœopathic materia medica, what to teach, and the name of the best text-book to use, it will be a very great help to me. It is not only a question of my solving this for my own satisfaction, but I am anxious to solve it in a way that will do justice to the nurses and give satisfaction to the physicians.

I assure you that I shall be most grateful to anyone who will send me any helpful advice.

Pennsylvania.

"PUZZLED TEACHER."

#### AN APPEAL TO THE BOARDS OF EXAMINERS

DEAR EDITOR: These published questions of the boards of examiners of nurses are beginning to make an impression upon me, and these last, from Colorado, have gotten me on to my feet and I beg leave to "speak in meetin'."

I do not single out Colorado because it is especially different from the others, but rather because it isn't, and so it makes a good specimen for clinical treatment.

I need not remind you that Colorado does a very extensive work in the nursing of tuberculosis. Just whether *all* of those tuberculosis patients *should* be in Colorado or not is a different story. They *are* there, and Colorado is bravely taking care of them.

Now please get out your October JOURNAL and run your eye carefully over those examination questions. The word tuberculosis *does not appear*—even under "Contagious Diseases," not even an allusion to it, except possibly, "Name five air-borne diseases." Medical nursing touches upon pulmonary hemorrhage. Bacteriology would probably draw out something about it—but might not. That is *all* on the subject. Anatomy asks: "State the chief difference between the coats of the arteries and veins." Physiology asks: "What are the mastoid cells?" Now these last two questions have a right, even, perhaps, an important place in the educational equipment of a nurse. *But what about tuberculosis?*

World statistics tell us that one death out of every seven is from tuberculosis. What about the nursing of this disease that causes fourteen per cent. of all deaths and therefore a considerable percentage of all the world's nursing?

We all know how meagre is the training school instruction on this subject. Are the examining boards going to let this dangerous ignorance continue under the dignified patronage of R.N.? Heaven forbid! And I know whereof I speak when I say that there is dangerous ignorance. It is no secret that many nurses absolutely refuse to respond to calls from tuberculosis cases.

Why? Because they are afraid of it! Why are they afraid of it? Because they do not know (never having been sufficiently taught) how to take care of it with safety to themselves.

And what is the remedy? According to Miss Stewart, in the September JOURNAL, it is more education—and she is right.

If an applicant coming up for registration has not had enough obstetrics, she is sent back to get more. If she hasn't enough of dietetics she must get it. If her school did not give her bacteriology she must go back somewhere else and

get it. But tuberculosis. If she got little or no tuberculosis—why—well—well *tuberculosis!* Well, what of tuberculosis? Tuberculosis *must* be taken care of.

I have been nursing for twenty years (a proud record) and I have seen tuberculosis file down these two decades in a procession as unbroken and as appealing as a "bread line." For three years I have done nothing but tuberculosis work and I am not talking at random when I say that tuberculosis must be taken care of. And I do hereby raise my voice in protest and appeal to the state boards of examiners of nurses (who are actually setting the pace for the rest of us) in protest against the almost utter ignoring of tuberculosis in state examinations, and in appeal that this great subject shall be brought to its rightful place as an indispensable part of the equipment of a duly "registered nurse."

State Sanatorium, Wales, Wis.

GRACE HOLMES, R.N.

#### THE QUINTON POLYCLINIC IN LONDON

DEAR EDITOR: The exceedingly hot summer in London has had the same effect upon the little babies as it has at home—over six hundred a week dying from infantile diarrhoea because their mothers did not know how to take care of them.

A charitable dispensary has recently been opened in Poland Street, Soho, just off Oxford Street, through the generosity of Mr. Otto Beit, the South African millionaire, to give London babies an opportunity of obtaining the sea-water cure—the "Quinton Isotonic Plasma"—a cure which has saved thousands of infant lives in France in the past seven years.

M. Quinton, a professor of physiology in the College de France, working on the theories explained in the accompanying pamphlet, established a dispensary in Paris, primarily for the treatment of gastro-enteritis in infants, by this sea-water cure.

All the staff, medical and nursing, at Poland Street have had training in Paris, and on the day of our visit Professor Quinton himself was present, keenly interested in what was being done.

Babies and mothers by the score, waiting wistfully and hopefully for examination and treatment, dressed as only London mothers and babies would be dressed with the thermometer at 90° in the shade, or coming away full of happiness, were in the waiting-rooms.

After examination the treatment is given, according to the doctor's direction, by a nurse in an adjoining room. The baby lies on its chest on its mother's knee, while the nurse, after carefully sterilizing the shoulder-blade, inserts the needle, which is attached to a long rubber tube connected with a bottle holding about a pint of fluid. This bottle is hung above on the wall, and is marked off in cubic centimeters. About 50 centimeters are given to a young baby, generally twice a day. A simple collodion dressing is applied after the injection.

It is all very simple, but really marvellous. Cases almost comatose seem to respond at once, and the deaths among those treated have been only one per cent.

The need of after care was soon demonstrated, and to avoid carrying the children back and forth. An appeal soon brought the offer of an adjacent building with large lofts, and here were found about forty little ones. Some